PTO/SB/01 (06-03)

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DECLARATION FOR	R LITH ITY OR	Attorney Docket Number	Brazier 3					
DESIGN		First Named Inventor	Johnny A. Tona					
PATENT APPL		COI	MPLETE IF KNOWN					
(37 CFR 1	.63)	Application Number						
X Declaration	Declaration	Filing Date	08/27/2003					
Submitted OR With Initial	Submitted after Initial Filing (surcharge	Art Unit						
Filing	(37 CFR 1.16 (e)) required)	Examiner Name						
I hereby declare that: Each inventor's residence, mailing a	address, and citizenship are	e as stated below next to t	heir name.					
I believe the inventor(s) named belowhich a patent is sought on the inventor	ow to be the original and fire ention entitled:	st inventor(s) of the subject	ct matter which is claimed and for					
AUTOMATIC POOL	CUE TIP TAPPER							
the specification of which	(Title of th	e Invention)						
is attached hereto								
, OR								
OR was filed on (MM/DD/YYYY)		as United States Ap	plication Number or PCT International					
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This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

DECLARATION — Utility or Design Patent Application

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hereby declare that all state and belief are believed to be statements and the like so ma alse statements may jeopard	e true; and fur ade are punisha ze the validity of	ther that these sta ble by fine or impris f the application or a	onment, ny pater	or bo	th, ur	der 18 ereon.	3 U.S.C.	DMIEGRE RISK MINIOL IGIOS
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Additional inventors or a lega		1		antal a	net/e\	DTO/SP	/02A or 02	LR attached hereto-

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3

								· ·				
Name of Addition	nal Joint Inventor, if any:											
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Post Office Address	•		<u>,</u>									
City	Meridianville	State	Alal	oam	æip	35759	Countr	y US <i>I</i>	, a de de 1			
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Given Na	me (first and middle [if any	1)		Family Name or Surname								
Inventor's Signature								Date				
Residence: City		State			Country	:		Citizenship				
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Name of Addition	nal Joint Inventor, if ar	ıy:			A petitio	n has been file	ed for th	is unsigned in	ventor			
Given Na	me (first and middle [if any])				Family Na	me or S	Surname				
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